

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <span style="font-family: cursive;">1000</span>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1		✓	1					
2				1				
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TOTAL CLAIMS			16					
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TOTAL DEP.		←		←		←		
TOTAL CLAIMS								